



STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY
MANUFACTURED HOUSING DIVISION
1535 Old Hot Springs Rd., Suite 60
Carson City, NV 89706
(775) 687-2060 • Fax (775) 687-5521

TRANSFER STATEMENT

(Pursuant to Nevada Revised Statute 104.9619)

_____ is the lienholder of record and holds a security interest in the following structure:
(Secured Party)

Manufacturer: _____ Year: _____
Size: _____ Serial No.: _____

The owner of record is _____ and has defaulted on his/her obligation secured by the
(Debtor)
above described structure. I/We have exercised my/our post-default remedies with respect to the collateral.

By reason of the exercise of said post-default remedies, _____ has acquired the
(Transferee)
rights of _____ in the structure.
(Debtor)

The legal names and mailing addresses for the Secured Party, Debtor, and Transferee are:

Secured Party:

Debtor:

Transferee:

(Print Name)

(Print Name)

(Print Name)

(Address)

(Address)

(Address)

(City, State, Zip)

(City, State, Zip)

(City, State, Zip)

CERTIFICATION: I attest, under penalty of perjury, that the information provided herein is true and accurate.

Secured Party-Print Company and/or Name

Signature Company Representative/Individual

State of _____

County of _____

Subscribed and Sworn to before me, _____ the undersigned Notary Public, this _____ day
of _____, 20____, by _____.

Notary Public